



Application No. : 09/666,509
Applicant : Noah Prywes
Filed : September 20, 2000
Art Unit : 2141
Examiner : April Baugh
Docket No. : 367059-101

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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AMENDMENT

Dear Sir or Madam:

In response to the Office Action mailed March 24, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this Amendment.

Remarks begin on page 15 of this Amendment.



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PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

	Application Number	09/666,509	
	Filing Date	September 20, 2000	
	First Named Inventor	Noah Prywes	
	Art Unit	2141	
	Examiner Name	April Baugh	
Total Number of Pages in This Submission	28	Attorney Docket Number	367059-101

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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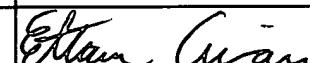
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Ethan D. Civan
Signature	
Date	June 23, 2004

CERTIFICATE OF TRANSMISSION/MAILING

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